



MISSISSIPPI DIVISION OF
MEDICAID

MississippiCAN 2015 Annual Quality Strategy Update



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Introduction

The overarching mission of the Mississippi Division of Medicaid (DOM) is to ensure access to health services for the Medicaid eligible population in the most cost efficient and comprehensive manner possible and to continually pursue strategies for optimizing the accessibility and quality of health care.

The Managed Care Quality Strategy that was submitted to CMS in March 2014 outlined an approach that focuses on working closely with beneficiaries, providers, the Coordinated Care Organizations (CCOs), advocates, and other stakeholders to develop strategic goals and action plans to achieve substantial improvement in quality in Medicaid and CHIP. The Quality Strategy serves as a roadmap to monitor and implement quality improvement; it is a “living” document with periodic updates to strengthen and improve the effectiveness of the program.

Accomplishments:

The 2015 Annual Review of the Managed Care Quality Strategy highlights key activities during the fifth year of the MississippiCAN program and the first year for CHIP as a managed care model, that are leading the MississippiCAN program and CHIP towards its three primary goals: to ensure access to needed medical services, to improve quality of care, and to improve program efficiencies and cost effectiveness. These activities draw from DOMs experience with the CCOs, regular monthly meetings and reports from the CCOs, the CCOs’ Annual Program Evaluations, stakeholder meetings, workgroups, Quality Task Force, and Quality Leadership Team. Toward these three goals, the Annual Managed Care Quality Strategy will demonstrate the CCOs’ and DOM’s commitment to continuing work on reaching these goals.

The following are accomplishments for the MississippiCAN program and CHIP in 2015:

- Changes and activities
 - During 2015 Quarter1, DOM initiated the uniform preferred drug list (PDL) for Medicaid beneficiaries and CHIP members. The PDL was developed by DOM with input from both CCOs. The provider and beneficiary communities have

adopted the PDL without any significant issues and expressed satisfaction with a uniform PDL.

- During the 2014 Mississippi Legislative Session, the following changes were made to the MississippiCAN program that became effective during 2015:
 - Authorized DOM to enroll the greater of forty-five percent (45%) of the total enrollment of Medicaid beneficiaries, or the categories of beneficiaries participating in the program as of January 1, 2014, plus the categories of beneficiaries composed primarily of persons younger than nineteen (19) years of age. Approximately 300,000 children were transitioned from Medicaid to MississippiCAN from May 1, 2015 through July 31, 2015.
 - During the expansion of the children into MississippiCAN, the Office of Coordinated Care worked collaboratively with several Offices within DOM to ensure continuity of care for the beneficiaries, provide education to providers and beneficiaries and provide a seamless transition.
 - DOM conducted desk and on-site readiness reviews with both CCOs to ensure the readiness to accept these children into enrollment with a CCO.
 - For this transition, Medicaid required the CCOs to implement a ninety (90) day grace period for all Medicaid issued prior authorizations for this population.
 - The Office of Coordinated Care provided training with the assistance of Healthcare Consultant Contractor, to newly involved DOM staff to include Medicaid 101, Medicaid 102, Quality 101, Quality 102, Encounters 101, Encounters 102, Provider Network, and monitoring activities.
- On January 1, 2015, DOM implemented a managed care model for the existing CHIP program. Within this managed care model, DOM contracted with two Coordinated Care Organizations, UnitedHealthcare and Magnolia Health, to provide services for the CHIP population. On January 1, 2015, the existing CHIP members, all of which were enrolled only with UnitedHealthcare, were transitioned and enrolled in either of the CCOs based on choice by the member or auto-assignment if the member did

not choose during the thirty (30) day choice period. During the 2015 Quarter 1, DOM and the CCOs worked collaborative to ensure continuity of care for these members who may not have enrolled with the CCO that is now providing services to CHIP members, ensuring the member's provider is in the network with the member's CCO, assisting pharmacies in ensuring that they submit claims to the member's CCO to avoid denials for medications, etc.

- In April 2015, DOM awarded a new EQRO contract for the MississippiCAN program and CHIP Program with implementation of the contract occurring June 1, 2015. The EQRO contract was awarded to the existing EQRO contractor- The Carolina Center for Medical Excellence. In 2015, they conducted only EQRO activities for the MississippiCAN program but will do both programs in 2016.
- During 2015, DOM continued to work with our fiscal agent to enable CHIP eligibility, CHIP encounters and other system changes to our MMIS system.
- DOM in collaboration with the Office of Beneficiary Relations, DOM's fiscal agent and the CCOs and their subcontractors conducted nine (9) provider workshops across the state with focus on ensuring provider network adequacy, education related to transition of children into MississippiCAN, and the changes in the CHIP program of an additional vendor. Additionally, DOM conducted twenty-eight (28) beneficiary workshops across the state in an effort to provide education to existing MississippiCAN and CHIP members. The beneficiary workshops were held during the day and after 5:00PM in the evening at local community venues, including faith based locations, in an effort to make it available to more beneficiaries and families.
- During the 2014 Mississippi Legislative Session, DOM was authorized to "carve-in" inpatient services into the MississippiCAN program, which has been "carved-out" since the inception of the MississippiCAN program. DOM and the CCOs aggressively outlined and developed the process(es) for the CCOs to manage inpatient services for MississippiCAN beneficiaries. DOM conducted the following:
 - Contract amendment that included requirements, performance measures, and liquidated damages related to inpatient hospital services, in addition to new rates for the CCOs inclusive of inpatient hospital services.

- Readiness Review desk audits and on-site audits were conducted to ensure that each CCO, including their behavioral health subcontractors, had policies, procedures in place related to inpatient services, provider and beneficiary handbooks updated, necessary and appropriate utilization management functions for inpatient services, prior authorization and authorization functionality for inpatient services, website updated and web portal capabilities for inpatient services, sufficient staff in care management, discharge planning management, utilization management, and provider and member services call center to address inpatient services. Included in the readiness review were extensive activities related to claims processing to ensure that each CCO claims processing systems adhered to DOM's payment methodology-APR-DRG and customized criteria, thus ensuring that claims for in-network providers would pay at a minimum DOM inpatient hospital services rate/DRG rate.
- Testing was conducted with each CCO and DOM's fiscal agent to ensure that inpatient hospital facility encounter claims from each CCO were received, and verify that claims edits related to inpatient hospital services would be identified for encounter claims and accepted by DOM.
- To ensure all Medicaid-eligible newborns were enrolled into the Medicaid mother's CCO as soon as possible, a revised newborn enrollment form was developed by DOM to include information needed by each CCO to ensure that care management and discharge planning activities are identified as early as possible, and identify activities taken to assist with any discharge planning and care management activities indicated. In addition, DOM developed system capabilities for hospitals to complete the enrollment form, and automatic submission to DOM and appropriate CCO. This change enabled DOM Enrollment Office to issue each eligible newborn a Medicaid ID number within five (5) business days of receipt of the newborn enrollment form.
- DOM and the CCOs held several inpatient hospital webinars to educate providers on the new MississippiCAN carved in services for inpatient

hospital services, including requirements for claims submission, enrollment into the CCO network, prior authorization and authorization procedures for each CCO, to name a few.

- DOM developed a procedure to handle payment and continuation of inpatient services for all MississippiCAN beneficiaries who were hospitalized prior to December 1, 2015, but remained in the hospital after the carve-in. In addition, any Medicaid beneficiaries scheduled for enrollment into the MississippiCAN program that were hospitalized on, or had a prior authorization/authorization on file for inpatient services on the date of regular scheduled enrollment, were not enrolled into the MississippiCAN program. They will be enrolled during the next regular scheduled enrollment date, if no longer hospitalized or do not have an inpatient prior authorization/authorization on file. During the regular scheduled enrollment date, the DOM enrollment broker will continue to assess these identified beneficiaries and will enroll them into the MississippiCAN program, when no longer hospitalized or no longer have a prior authorization/authorization on file for inpatient services.
- DOM collaborated with its utilization management and quality improvement organization (UM/QIO) to provide notification of authorization for any current MississippiCAN beneficiaries that were hospitalized prior to and after December 1, 2015. This provided a member list for CCOs for members who were hospitalized and to begin care management and discharge planning activities as indicated immediately.
- Clinical quality staff for the Office of Coordinated Care and clinical staff from the Office of Medical Services conducted onsite visits to each CCO for several days during the month of December to observe the utilization management staff processes for conducting authorization for inpatient services, including NICU admissions, newborn admissions and behavioral health. DOM staff will continue to monitor this process during over the next few months to ensure access to care, monitor denials and determine if any policies and or

procedures need to be changed or enhanced related to authorization for inpatient services.

- The Office of Coordinated Care staff worked with the Office of Finance to develop new process for identification of beneficiaries eligible for a delivery kick payment. This process will be implemented in January for deliveries beginning in December 2015.
- As part of the inpatient carve-in activities, DOM chose to include care management services for beneficiaries residing in Psychiatric Residential Treatment Facilities (PRTFs). In order to do this, DOM changed the process of removing or not enrolling children residing in PRTFs from the MississippiCAN program, thus allowing for care management services for these beneficiaries beginning with transition from the community/home or acute inpatient hospitalization to a PRTF through discharge and back into a lesser setting or home. Care Management activities will include preparing for discharge, placement, securing a provider for follow up services, assisting with follow up appointments, medications and other discharge needs.
- During the 2015 Quarter 4, the External Quality Review Organization (EQRO), The Carolinas Center for Medical Excellence (CCME) conducted onsite audits at each CCO. CCME provided DOM the final technical findings report for each CCO in November 2015, and the Corrective Action Plan (CAP) for each CCO. Staff in the Office of Coordinated Care approved findings report for both CCO CAPs. These reports and CAPs were submitted to each CCO on December 19, 2015, with responses to the CAPs due from the CCOs no later than January 19, 2016. CCME will be responsible for providing oversight of the CAPs, evaluation of the CAPs and follow up. CCME has now been directed to follow up with CCOs quarterly.
- During 2015 Quarter 4, DOM entered into a new contract for a Healthcare Delivery System Consultant Services with PCG who will be assisting DOM with managed care oversight, including reporting and quality improvement in the MississippiCAN and CHIP programs.
- During the 2015 Quarter 4, DOM received a four-year grant from CMS to Improve

Maternal and Infant Health Outcomes with a focus on Long Acting Reversible Contraceptives.

➤ Performance Improvement

- During 2015, a direct focus was made toward ensuring continuity of care for all beneficiaries, but intense focus on the children transitioning into managed care (MississippiCAN program and CHIP) and inclusion of inpatient hospital services into MississippiCAN.
- During 2015, continue work on the following Performance Improvement Projects (PIPs):
 - Improving EPSDT screening and immunization rates, including how to better obtain accurate and timely immunization data. This QIP continues to be highly successful in arranging and ensuring beneficiaries received their screenings and immunizations. A larger focus is now being placed on this QIP with the transition of the children ages 0-19 into the MississippiCAN program. Both of the CCOs are focused on improving the screening rate of adolescents enrolled in their health plans. Activities have included incentives for receiving screenings, such as iTunes gift cards, momentary amounts placed on pre-paid VISA cards, health fairs with prizes given such as back packs, voucher for school uniforms, etc.
 - The newly implemented QIP in the 2015 Quarter 3 – Follow-up after Hospitalization for Medical Illness (FUH) subgroup has begun meetings for further development and implementation of the approved QIP. With the carve in of inpatient hospital services into the MississippiCAN program effective December 1, 2015, the CCO ability to manage and ensure compliance with follow up care after hospitalization is expected to significantly increase. With both CCOs already managing inpatient services for CHIP program, they will be able to utilize activities, initiatives, and lessons learned from the CHIP population for the MississippiCAN population.

➤ Coordination of Care

- With the implementation of the uniform preferred drug list (PDL) the Office of Coordinated Care, Office of Pharmacy and the CCOs were able to work collaboratively to develop the uniform PDL, including establishing uniform prior authorization criteria, edits, quantity limits, etc, conduct provider and beneficiary education related to the uniform PDL, all in an effort to ensure coordination of care for our Medicaid beneficiaries and CHIP members.
- Developed a system of notification and documentation of transition of Medicaid beneficiaries and CHIP members when moving from one CCO to the other or back into FFS Medicaid. This sharing of information was an effort and success in continuing coordination and continuity of care for the beneficiary and/or member.
- Sharing prior authorizations issued by DOM and/or FFS UM/QIO with the appropriate CCO for the transition of children into managed care, and inclusion of inpatient hospital services thus will enable the CCOs to ensure continuity of care and begin care management and/or discharge planning immediately upon notification.

Progress Toward Goal Achievement

➤ Healthcare Effectiveness Data and Information Set (HEDIS) Improvement

- HEDIS 2015 (CY 2014) rates were received analyzed and evaluated by Office of Coordinated Care and compared to the DOM HEDIS targets established for CY 2015. Both CCOs were able to demonstrate improvement in all rates overall and although not all DOM's targets were met, 22 of the measures did meet DOM target, and others were very close to DOM targeted rate. Focus is being placed on the HEDIS measures that did not meet DOMs targeted rate.

➤ Quality of Care

- The Office of Coordinated Care Clinical Quality staff conducted onsite audits for contractual turnaround times for prior authorizations for outpatient hospital and non-hospital services at Magnolia Health and plan to review at UnitedHealthcare in February 2016. A sample of prior authorizations were reviewed to determine receipt time and approval/denial time. The purpose of these audits is to assess contractual compliance and any effect on the quality of care for Medicaid beneficiaries when prior authorization is not obtained, and determination made within contractual requirements. Approximately one hundred and fifty (150) prior authorizations were reviewed for categories of service including pharmacy, dental, DME, therapy (PT, OT, and ST), hospice, PDN, and radiology. From this review, it was determined that 98% of the prior authorizations were reviewed and approved or denied and provider notified within the contractual requirements of twenty-four hours for pharmacy and two business days or three calendar days for all other services.
- The Office of Coordinated Care staff has been meeting upon request or when re-occurring issues are noted, with individual providers to assist them in their knowledge of the MississippiCAN program, assist in

claims payment issues, credentialing, education on prior authorization forms and criteria, education on upcoming uniform PDL just to name a few.

Opportunities

The MississippiCAN program and CHIP currently improves member health outcomes through better management of their health.

Future goals for 2016 are:

- Increase the number of members enrolled in care management, with focus on maternal and infants at high risk, foster care children and children with mental health diagnosis.
- Improve preventive care including EPSDT services, especially for our adolescent population
- Increase the number of members who receive their post-partum visit between the 21st and 56th day post-partum
- Increase the utilization of Long-Acting Reversible Contraceptives, increase birth spacing and improve adolescent education related to contraception
- Continuously improve performance on DOM quality indicators
- Decrease hospital readmissions
- Improve care coordination and discharge planning for children residing in Psychiatric Residential Treatment Facilities
- Meet the CY 2015 HEDIS targets and performance measures established by DOM

Summary of the MississippiCAN Program Performance for Fifth Year and

Summary of the CHIP Program Performance for the First year of the Managed Care Model

Overall, DOM and the CCOs continue to make tremendous strides in provider and beneficiary education related to the MississippiCAN program and CHIP, and the differences in the two programs. During the fifth year of MississippiCAN, improved health outcomes have been realized as demonstrated by continuous notable improvement in the CY 2014 HEDIS measures, increase in provider access and utilization by members. DOM and the CCOs look forward to continuing our yearly provider and beneficiary educational workshops in collaboration with the CCOs, other DOM Offices, and the DOM fiscal agent. DOM continues to believe a solid infrastructure has been created as a foundation for the program and that effective communication between all partners continues to be the cornerstone of the MississippiCAN program and CHIP Program and is essential in the success of the program.

The Quality Leadership Team and Quality Task Force Committees in 2015 provided valuable support and feedback in the success of the MississippiCAN program and new efforts are being undertaken in the CHIP program. With the increase in the number of beneficiaries enrolled in MississippiCAN, inclusion of inpatient hospital services in MississippiCAN, and moving CHIP to a managed care model; DOM now reflects an enrollment in managed care from the 28% of the population at the end of 2014 to approximately 70% at the end of 2015. Ensuring and assisting the Medicaid beneficiaries and CHIP members in receiving access to health services in the most cost efficient and comprehensive manner possible, and continuously pursuing strategies for optimizing the accessibility and quality of health care is the focus for 2016.